

MEMBERSHIP APPLICATION

Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____ ☐ Renewal

- | | |
|-----------------------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Individual, family, or group for one year..... ..\$15.00 | Dues are for the calendar |
| <input type="checkbox"/> Individual, family, or group for three years.. ..\$40.00 | year in which you join. |
| <input type="checkbox"/> Student or senior citizen, each year..... ..\$10.00 | Membership expiration dates |
| <input type="checkbox"/> Life Membership..... ..\$450.00 | are on the mailing labels. |

Dues, gifts, and bequests are tax deductible to the extent permitted by law [IRS Code 501(c)(3)].

Your donation in any amount is appreciated \$ _____

Please make checks payable and mail to: NNPS • P.O. Box 8965 • Reno, NV 89507-8965